



TRICARE[®]

Your Military Health Plan

TRICARE Benefits/Programs for the National Guard and Reserve During Deactivation



Updated October 2012

Today's Agenda

- What Is TRICARE?
- TRICARE Eligibility
- Medical Coverage
- Other Important Information
- For Information and Assistance



Photo courtesy of the National Guard



What Is TRICARE?

TRICARE is...

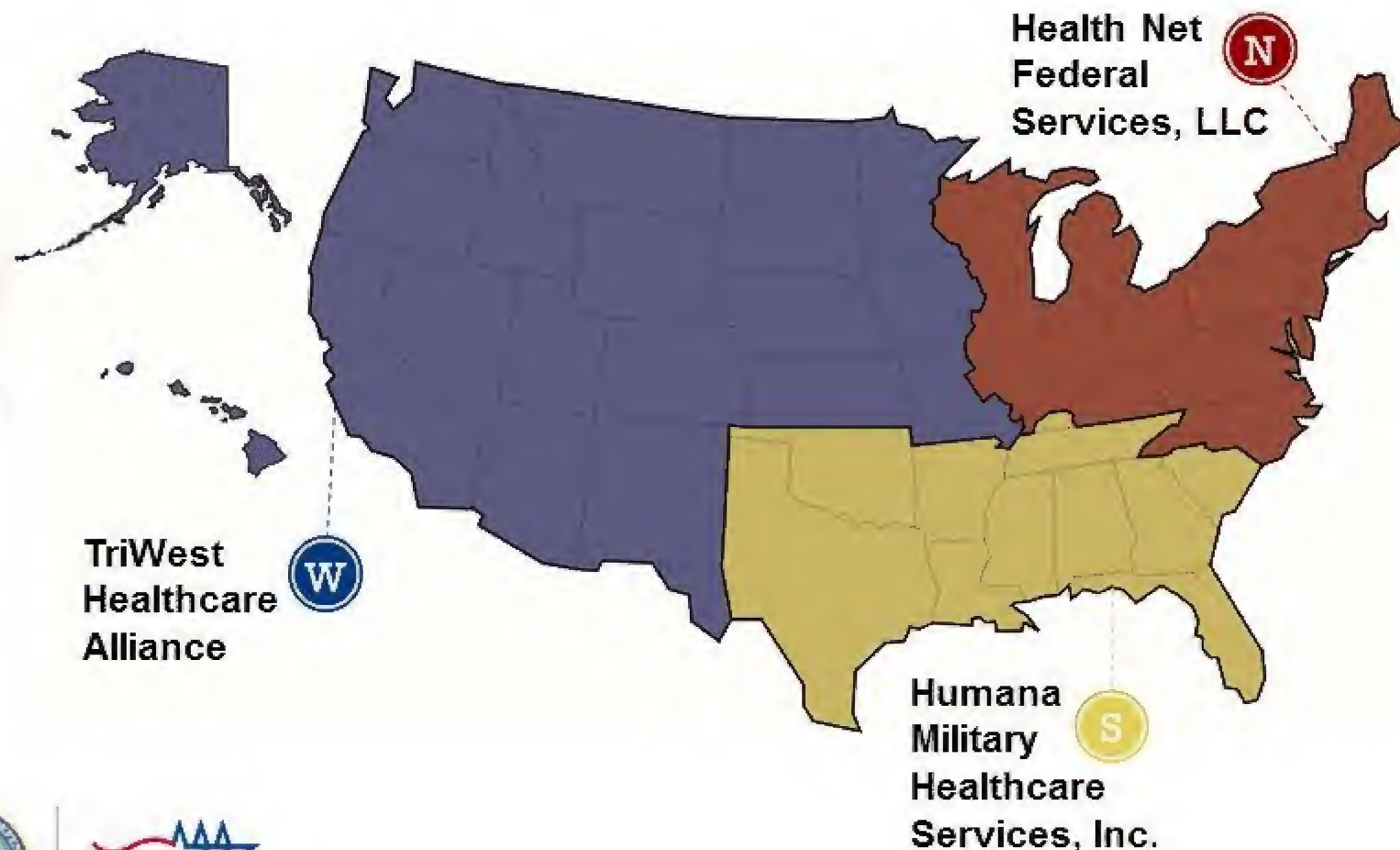
- ... the **health care program** for active duty service members, National Guard and Reserve members, retirees, family members, survivors, and certain former spouses worldwide.
- ... a **network of military and civilian health care professionals** working together to foster, protect, sustain, and restore health for those entrusted to their care.



What Is TRICARE?

TRICARE Stateside Regions (50 United States & Washington, DC)

TRICARE is available worldwide and managed regionally



TRICARE Eligibility: DEERS

Registration in DEERS is key to TRICARE eligibility

Register your family members in the Defense Enrollment Eligibility Reporting System (DEERS):

- In person at a uniformed services identification (ID) card-issuing facility: www.dmdc.osd.mil/rsi
- By sending changes and required documentation to:
Defense Manpower Data Center Support Office
400 Gigling Road
Seaside, CA 93955-6771



Take Action! Register Your Family in DEERS

- Proper documentation is required.
- To verify eligibility:
 - Go to <http://milconnect.dmdc.mil>
 - Local MTF's Patient Admin Office
 - Contact your service's personnel office

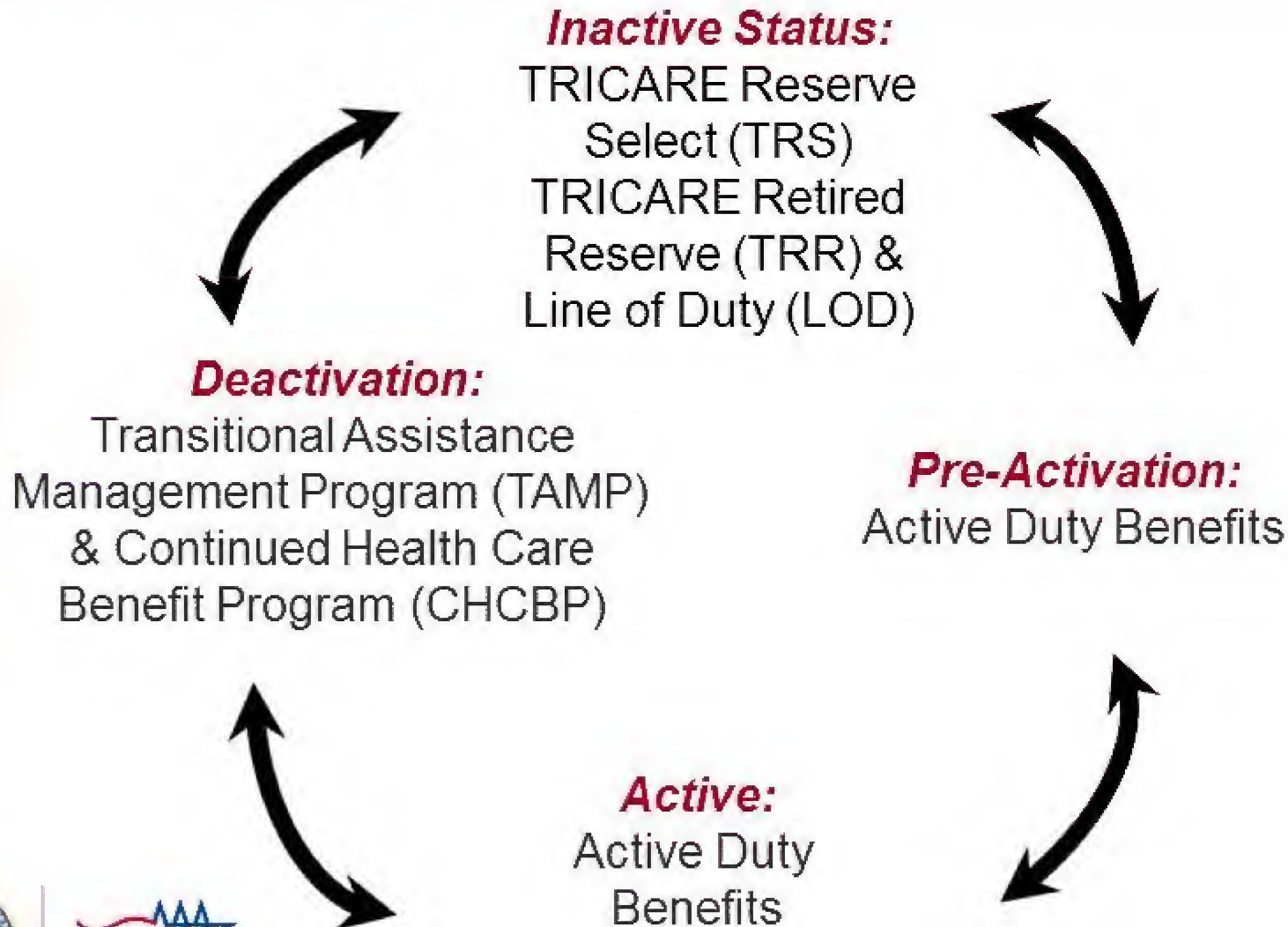


Updating DEERS

- Keep your contact information up to date:
 - Online: <http://milconnect.dmdc.mil>
 - By Phone: 1-800-538-9552
 - By Fax: 1-831-655-8317
 - Visit an ID card-issuing facility: www.dmdc.osd.mil/rsi
- More information: www.tricare.mil/deers
- Remember to register/update DEERS whenever there is a change in the family (*marriage, birth, adoption, divorce, death, etc.*) or when you move



Coverage Lifecycle



Medical Coverage

Transitional Assistance Management Program (TAMP)



Photo courtesy of Flickr user Herald Post

- Guard/Reserve active duty served more than 30 consecutive days in support of a contingency operation
- 180 days of transitional health care benefits
- Begins the day after you separate from active duty
- All beneficiaries covered as active duty family members—including the service member
- Reenrollment necessary for TRICARE Prime (*where locally available*)

Note: TAMP does not cover Line of Duty (LOD) care.



Medical Coverage

TAMP: Program Options

- TRICARE Standard: Available worldwide
- TRICARE Extra: Available in the U.S.
- TRICARE Prime: Available in Prime Service Areas (PSAs)
- US Family Health Plan (USFHP): Available in six designated areas in the United States
- Overseas information:
www.tricare.mil/overseas



TRICARE Standard and TRICARE Extra: Getting Care

- No referrals necessary:
 - Certain services require prior authorization
 - In the event of an emergency, call 911 or go to the nearest emergency room.
- Locate a MTF for space-available care:
 - MTF locator: www.tricare.mil/mtf
- For TRICARE Extra, locate a TRICARE network provider:
 - Contact the TRICARE regional contractor, check their Web site, visit a TRICARE Service Center (TSC).



TRICARE Standard and TRICARE Extra: Getting Care

- For TRICARE Standard, locate a non-network TRICARE-authorized provider:
 - Check your phone book or www.tricare.mil/findaprovider
 - Ask provider's office, "Do you accept TRICARE?"
 - If not, invite the provider to become TRICARE-authorized
 - Give your provider the phone number of your regional contractor or send them to www.tricare.mil/providers/BecomeANonNetworkProvider.aspx



TRICARE Standard and TRICARE Extra: Costs

- The TRICARE Standard and TRICARE Extra annual deductible is waived for National Guard and Reserve family members of sponsors activated for more than 30 consecutive days.
- Annual deductible based on sponsor's pay grade:
 - E-4 and below: \$50 per individual or \$100 per family
 - E-5 and above: \$150 per individual or \$300 per family
- Cost-shares for sponsor **and** covered family members are the same as those for active duty family members:
 - Outpatient: 15 percent for network and 20 percent for non-network
 - Inpatient: daily rate (*adjusted annually*) with a \$25 minimum
- Catastrophic cap: \$1,000/family for covered medical services
- For the most up-to-date cost information, visit www.tricare.mil/costs.



Medical Coverage During TAMP

- Enroll via the Beneficiary Web Enrollment (BWE) site at <https://www.dmdc.osd.mil/appj/bwe/>
- Fill out the *TRICARE Prime Enrollment Application and PCM Change Form* (DD Form 2876): www.tricare.mil/forms




Beneficiary Web Enrollment

[Home](#)
[Log On](#)

Welcome to TRICARE's Beneficiary Web Enrollment

AGENCY DISCLOSURE NOTICE

This notice explains how the TRICARE system will use your information to determine if you are eligible for medical care coverage. It includes the steps for reviewing this notice, updating existing data, deleting information, and requesting the data needed, and completing and reviewing the collection of information. Some comments regarding this notice, detectable by any other aspect of this collection of information, including suggestions for reducing the burden, will be accepted by the TRICARE Beneficiary Service and Communications Center (BSC-DCM). Responses about the notice that concern identifying any other provision of law, its person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. 552a, 16 U.S.C. 1679 and 1682, 42 U.S.C. 4051, 42 U.S.C. 4060a, May 17, 2005

PRINCIPAL PURPOSE(S): To evaluate eligibility for medical care provided by certain courses to Military Health Services System beneficiaries applying for coverage under the TRICARE Program (TD CML 100.17).

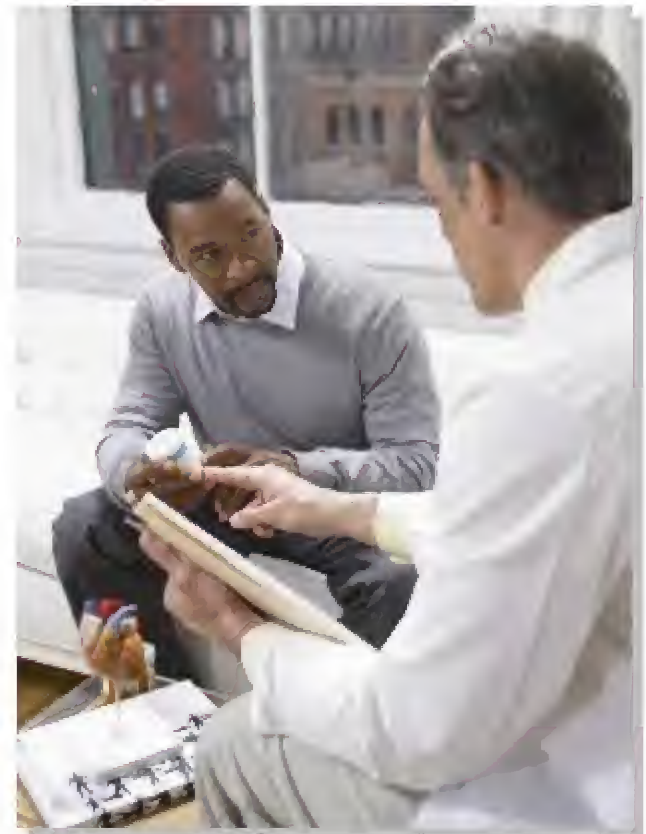
<p>TRICARE PRIME ENROLLMENT APPLICATION AND PCM CHANGE FORM</p> <p><i>Please read Agency Disclosure Notice, Privacy Act Statement, and Instructions before completing this form.</i></p>	<p>OASD No. 0720-0000 OASD approval expires Feb. 28, 2010</p>
<p>AGENCY DISCLOSURE NOTICE</p>	
<p>The public reporting burden for this collection of information is estimated to average 14 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0720-0000). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.</p>	



Medical Coverage During TAMP

TRICARE Prime: Getting Care

- Affordable and comprehensive health care coverage
- Primary care manager (PCM) delivers most routine care
- PCM coordinates urgent and specialty care (*referrals required*)
- For emergencies, call 911 or go to the nearest emergency room



Medical Coverage During TAMP

TRICARE Prime: Costs for ADSMs and ADFMs

- No enrollment fees, deductibles, or cost-shares
- Pharmacy copayments apply when using civilian pharmacies
- Point-of-service (POS) option available
- Catastrophic cap: \$1,000/family for **covered** medical services



Medical Coverage

TRICARE Young Adult (TYA)

Topic	Description
Eligibility	<ul style="list-style-type: none">• Unmarried dependent of an eligible uniformed service sponsor*• At least age 21 (<i>or age 23 if enrolled in a full-time course of study at an approved institution of higher learning and if the sponsor provides more than 50 percent of the financial support</i>), but have not yet reached age 26• Not eligible to enroll in an employer-sponsored health plan• Not otherwise eligible for TRICARE program coverage
Enrollment	<ul style="list-style-type: none">• The <i>TRICARE Young Adult Application</i> is available at www.tricare.mil/tya• When applying, you must verify that you are not married and not eligible to enroll in an employer-sponsored health plan.• Your completed application must include the first three months of premium payments.
Program Information	<ul style="list-style-type: none">• Qualified dependents may be eligible to purchase TYA Prime or TYA Standard.• Eligibility for TYA Prime or TYA Standard is based on the eligibility established by your sponsor and where you live.• TYA Prime and TYA Standard generally have the same rules and costs as TRICARE Prime and TRICARE Standard.

* If you are an adult child of a non-activated member of the Selected Reserve of the Ready Reserve or of the Retired Reserve, your sponsor must be enrolled in TRICARE Reserve Select or TRICARE Retired Reserve for you to be eligible for TYA.

Medical Coverage

US Family Health Plan (USFHP)

- TRICARE Prime option
- Available in six service areas across the country
- Service member/sponsor can enroll
- USFHP participants are not eligible for health care or pharmacy services at MTFs
- More information: www.usfhp.com



Medical Coverage

Behavioral Health Care Services

- **Emergency services:** Required when an individual considers himself or herself, or is perceived by others to be, an immediate risk to self or others
 - Call **911** or go to the nearest emergency care facility
 - Call the **National Suicide Prevention Lifeline** at 1-800-273-8255
- **When covered by TRICARE** (*activation cycle or TRICARE Reserve Select*):
 - **Outpatient services:** Behavioral health services provided without an overnight stay
 - **Telemental Health Program:** Connects beneficiaries with off-site providers through audio-visual conferencing



Medical Coverage

Behavioral Health Care Services

- **Inpatient services:** Require an overnight stay
(e.g., *substance abuse “rehab” programs*)
- For more information, visit www.tricare.mil/mentalhealth



Medical Coverage

TRICARE Reserve Select® (TRS) and TRICARE Retired Reserve® (TRR): Step 1 – Qualify

- Selected Reserve members may qualify for TRS and Retired Reserve members may qualify for TRR if they are:
 - Not eligible for or enrolled in Federal Employees Health Benefits (FEHB) program
 - For more information, visit www.tricare.mil
- Log on to the Reserve Component Purchased TRICARE Application:
 1. Follow the instructions to qualify.
 2. If qualified, print-out and sign the completed *Reserve Component Health Coverage Request* form (DD Form 2896-1).



The screenshot shows the DMDC Reserve Component Purchased TRICARE Application (RCPTA) web interface. At the top, there is a blue header with the DMDC logo and the tagline "Information and Technology for Better Decision Making". Below this is a yellow banner with the title "DMDC Reserve Component Purchased TRICARE Application (RCPTA)". The main content area has a blue header "Welcome to RCPTA!" and a paragraph stating: "DMDC Reserve Component Purchased TRICARE Application (RCPTA) is a premium-based health plan for qualified members and their families." Below this, there is a yellow box with the instruction "Please select an authentication type and click on the Continue button". Inside this box, there are two radio button options: "RC Member (CAC, DFAS Account, DS Logon)" and "Verifying Officer". A "Continue" button is located at the bottom right of the yellow box.

If you have any questions regarding your TRICARE Reserve Select eligibility, please contact your Reserve Representative at <http://ra.defense.gov>



Medical Coverage

TRS and TRR: Step 2 – Purchase

To purchase TRS or TRR:

1. Complete and sign the request form (DD Form 2896-1).
2. Mail the completed form to the TRICARE contractor address listed.
3. Make an initial premium payment as indicated on the form.
For enrollments effective on or after October 1, 2012, the initial payment required is two months of premiums.

Note: For continuous coverage, you can purchase TRS up to 60 days before TAMP ends, but no later than 30 days after TAMP ends. For TRR, if you are enrolled in another TRICARE program, you must submit your TRR application within 30 days to ensure continuous coverage.



TRS and TRR: Getting Care

- TRS and TRR coverage follows the rules of TRICARE Standard and Extra.
- No referrals necessary:
 - Certain services require prior authorization.
 - In the event of an emergency, call 911 or go to the nearest hospital.
- For TRICARE Standard, locate a non-network TRICARE-authorized provider.
- For TRICARE Extra, locate a TRICARE network provider.



Medical Coverage

TRS Costs

- Monthly premiums (*per calendar year*):
 - **2012:** Member-only \$54.35; Member-and-family \$192.89
 - **2013:** Member-only \$51.62; Member-and-family \$195.81
- Annual deductible based on sponsor's pay grade:
 - E-4 and below: \$50 per individual or \$100 per family
 - E-5 and above: \$150 per individual or \$300 per family
- Cost-shares for sponsor **and** covered family members same as those for active duty family members:
 - Outpatient: 15% for network and 20% for non-network
 - Inpatient: daily rate (*adjusted annually*) with a \$25 minimum
- Catastrophic cap: \$1,000/family for covered medical services
- For the most up-to-date cost information, visit www.tricare.mil/costs.



*Effective January 1, 2013, all ongoing premium payments must be made by either an automated electronic funds transfer or automated charge to a credit or debit card.

Medical Coverage

TRR Costs

- Monthly premiums (*per calendar year*):
 - **2012:** Member-only \$419.72; Member-and-family \$1,024.43
 - **2013:** Member-only \$402.11; Member-and-family \$ 969.10
- Annual deductible \$150 per individual or \$300 per family
- Cost-shares for sponsor and covered family members:
 - Outpatient: 20% for network and 25% for non-network
 - Inpatient: \$708 per day or 25% of billed charges for institutional services, whichever is less, plus a 25% cost-share for separately billed services
- Catastrophic cap: \$3,000/family per fiscal year for covered medical services
- For the most up-to-date cost information, visit www.tricare.mil/costs.



*Effective January 1, 2013, all ongoing premium payments must be made by either an automated electronic funds transfer or automated charge to a credit or debit card.

Medical Coverage

Line of Duty Care



Photo courtesy of the U.S. Army

- Limited to illnesses, injuries, and diseases incurred or aggravated in the line of duty
- Includes injuries sustained while traveling to and from your duty station
- Must have a line of duty (LOD) determination
- Care provided at military hospitals or clinics or coordinated by the Military Medical Support Office (MMSO)

Note: TAMP does not cover LOD care.



Medical Coverage

Continued Health Care Benefit Program (CHCBP)

- Similar to COBRA continuation health coverage:
 - 18 to 36 months of temporary, premium-based coverage
 - \$1,065/quarter for individual coverage
 - \$2,390/quarter for family coverage
- CHCBP eligibility begins the day after you lose active-duty TRICARE coverage or TAMP coverage ends:
 - Must enroll within 60 days of loss of military benefits and pay quarterly premiums
- Administered by Humana Military Healthcare Services, Inc. for all regions:
 - 1-800-444-5445
 - Humana-Military.com



Other Important Information

Priority for Access to Military Treatment Facility Care

1	Active duty service members, including National Guard and Reserve members on active duty status
2	Active duty family members enrolled in a TRICARE Prime option
3	Retired service members, their dependents, and all others enrolled in a TRICARE Prime option
4	Active duty family members not enrolled in a TRICARE Prime option, and TRICARE Reserve Select beneficiaries
5	Retired service members and their dependents not enrolled in a TRICARE Prime option, TRICARE Retired Reserve beneficiaries, and all other eligible beneficiaries not enrolled in a TRICARE Prime option



Other Important Information

TRICARE Pharmacy Program

Pharmacy Option	Formulary Drugs		Non-Formulary Drugs
	Generic	Brand Name	
MTF Pharmacy <i>(up to a 90-day supply)</i>	\$0	\$0	Not Applicable
TRICARE Pharmacy Home Delivery <i>(up to a 90-day supply)</i>	\$0	\$9	\$25
Retail Network Pharmacy <i>(up to a 30-day supply)</i>	\$5	\$12	\$25
Non-Network Retail Pharmacy <i>(up to a 30-day supply)</i>	TRICARE Prime options: 50% copayment applies after point-of-service (POS) deductible is met All other beneficiaries: \$12 or 20% of the total cost, whichever is greater, after the annual deductible is met		TRICARE Prime options: 50% copayment applies after POS deductible is met All other beneficiaries: \$25 or 20% of the total cost, whichever is greater, after the annual deductible is met

Express Scripts, Inc. Web site: www.express-scripts.com/TRICARE

Phone number: 1-877-363-1303



Other Important Information

TRICARE Dental Program (TDP)

- A voluntary, premium-based DoD dental program; the benefit is administered by MetLife®
- Premiums depend on the sponsor's status.

Service	Sponsor	One Family Member	More Than One Family Member	Sponsor and Family
Active Duty	N/A	\$10.30	\$30.89	N/A
Selected Reserve of the Ready Reserve	\$10.30	\$30.89	\$77.22	\$87.52
Individual Ready Reserve	\$25.74	\$25.74	\$77.22	\$102.96

TDP Web site: <http://mybenefits.metlife.com/tricare>



Other Important Information

TRICARE and Other Health Insurance

- TRICARE serves as the secondary payer.
- If you have other health insurance (OHI):
 - Fill out a *TRICARE Other Health Insurance Questionnaire* www.tricare.mil/forms.
 - Follow the referral and authorization rules for your OHI.
 - Tell your provider about your OHI and TRICARE.
 - Show him or her your insurance card.



Other Important Information

Social Security Numbers

- In an effort to protect the privacy of TRICARE beneficiaries, the Department of Defense (DoD) is removing Social Security numbers (SSNs) from military identification (ID) cards, including the Common Access Card.
- Your new ID card will have one or both of the following:
 - A 10-digit DoD ID Number
 - A DoD Benefits Number (DBN), if you are eligible for DoD benefits
- You will not need a new ID card until your old card expires.
- For more information, visit www.tricare.mil/ssn.



Other Important Information

Protecting Your Health Care Rights

- Department of Defense (DoD), Uniformed Services Employment and Reemployment Rights Act (USERRA)
- Health care rights and protections include:
 - Continuing existing employer-based health plan
 - Reinstatement to employer's health plan
- DoD/National Committee for Employer Support of the Guard and Reserve (NCESGR):
 - 1-800-336-4590 or www.esgr.org/userra



For Information and Assistance

Stateside Regional Contractors

TRICARE North Region

Health Net Federal Services, LLC
1-877-TRICARE (1-877-874-2273)

www.hnfs.com

TRICARE South Region

Humana Military Healthcare Services, Inc.
1-800-444-5445

Humana-Military.com

TRICARE West Region

TriWest Healthcare Alliance
1-888-TRIWEST (1-888-874-9378)

TriWest.com

General Contact Information

TRICARE Web Site: www.tricare.mil

Contacts: www.tricare.mil/contacts

Military Medical Support Office:

www.tricare.mil/tma/mmsso

Overseas Regional Contractor

International SOS Assistance, Inc.

Eurasia-Africa:

+44-20-8762-8384 (*overseas*)
1-877-678-1207 (*stateside*)

Latin America and Canada:

+1-215-942-8393 (*overseas*)
1-877-451-8659 (*stateside*)

Pacific:

Singapore: +65-6339-2676 (*overseas*)
1-877-678-1208 (*stateside*)

Sydney: +61-2-9273-2710 (*overseas*)
1-877-678-1209 (*stateside*)

www.tricare-overseas.com

Connect with TRICARE Online!



www.tricare.mil/mediacenter

